

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4876

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Albert L Kaopuiki

P.O. Box, Bldg., Room No., if any

Street 1358 Hele Street

City Kailua

State Hawaii ZIP Code + 4 96734

4. Name, file number, and address of labor organization.

Name Plumbers AFL-CIO

Labor Organization File Number 025-657

P.O. Box, Building and Room Number, if any Lower Level

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2209

5. Position in labor organization. Executive Board Member

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

07/28/2005

at

Home Date

(808) 456-0585

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA Local 675 Administrative Office

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Administrative Office provides administrative services to the various PAMCAH-UA Local 675 Trust Funds. Expenses of operating the Office are prorated among the various Funds.

11.b. Approximate dollar value of such dealing.

\$1,100,000

12.a. Nature of interest held or income received.

Personal use of automobile and attendance of RAP Session meetings.

12.b. Amount.

\$1,182

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA Local 675 Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Signatory Contractors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Training Fund is supported by contributions from signatory contractors.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses for participation in educational seminars and for Fund operations.

12.b. Amount.

\$8,990

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA Local 675 Cooperation Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Signatory Contractors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Cooperation Fund is supported by contributions from signatory contractors.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses for participation in educational seminars.

12.b. Amount.

\$2,445